



Booz | Allen | Hamilton

8677-0002

BOOZ ALLEN HAMILTON INC
575 HERNDON PARKWAY
HERNDON VA 20170
877-927-8278

Period Beginning: 01/01/2019
Period Ending: 01/31/2019
Pay Date: 01/31/2019

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
PA: N/A

WILLIAM J HARGENRADER
9217B JAMISON AVE
PHILADELPHIA PA 19115

Earnings

Earnings	rate	hours	this period	year to date
Regular	12642.75	173.33	12,642.75	12,642.75
Gross Pay			\$12,642.75	12,642.75

Your federal taxable wages this period are
\$10,802.48

Deductions	Statutory
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Federal Income Tax	-1,469.97	1,469.97
Social Security Tax	-748.77	748.77
Medicare Tax	-175.12	175.12
PA State Income Tax	-370.45	370.45
Philadelphia Income Tax	-490.40	490.40
PA SUI/SDI Tax	-7.58	7.58

Other

Ad &D	-19 .50	19.50
Dental Ins	-23 .76*	23.76
Grp Accdnt Ins	-16 .65*	16.65
H Sav Act-Aetna	-200 .00*	200.00
Identity Theft	-13 .95	13.95
Life Ins	-30 .62	30.62
Pretax Med Ins	-335 .58*	335.58
401Sv Pln Pr Tx	-1,264.28*	1,264.28

Net Pay	\$7,476.12
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Checking	-7,476.12
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Net Check	\$0.00
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Other Benefits and Information

Information	this period	total to date
G.T.L.	10.18	- 10.18
Pto Balance	96.30	
Employer Hsa		500.00
Total Work Hrs	173.33	

Important Notes

PTO & SICK TIME BALANCES AS OF THE PREVIOUSLY
APPROVED TIMECARD

* Excluded from federal taxable wages

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BOOZ ALLEN HAMILTON INC
575 HERNDON PARKWAY
HERNDON VA 20170
877-927-8278

Advice number: 00000058437
Pay date: 01/31/2019

Deposited to the account of	account number	transit	ABA	amount
WILLIAM J HARGENRADER	xxx8239	xxxx	xxxx	\$7,476.12

575 HERNDON PARKWAY
HERNDON VA 20170
877-927-8278

Pay date:

Deposited to the account of
WILLIAM J HARGENRADER

account number
xxx8239

THIS IS NOT A CHECK

NON

NON-NEGOTIABLE



Booz | Allen | Hamilton

BOOZ ALLEN HAMILTON INC
575 HERNDON PARKWAY
HERNDON VA 20170
877-927-8278

Period Beginning: 11/01/2018
Period Ending: 11/30/2018
Pay Date: 11/30/2018

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
PA: N/A

WILLIAM J HARGENRADER
9217B JAMISON AVE
PHILADELPHIA PA 19115

Earnings	rate	hours	this period	year to date
Regular	12394.85	173.33	12,394.85	69,996.03
Gross Pay			\$12,394.85	69,996.03

Net Check \$0.00

Deductions	Statutory		year to date
Federal Income Tax	-1,482.15		9,100.58
Social Security Tax	-745.49		4,178.81
Medicare Tax	-174.35		977.30
PA State Income Tax	-368.86		2,067.25
Philadelphia Income Tax	-480.73		2,718.17
PA SUI/SDI Tax	-7.43		41.93
Other			
Ad &D	-19.50		136.50
Dental Ins	-19.98*		139.86
Grp Accdnt Ins	-16.65*		116.55
H Sav Act-Aetna	-33.33*		233.31
Identity Theft	-13.95		97.65
Life Ins	-30.16		211.12
Pretax Med Ins	-309.76*		2,168.32
401Sv Pln Pr Tx	-1,239.49*		1,239.49
401K Loan 1			1,627.20
401K Loan 2			904.00
401K Loan 3			972.84
401K Loan 4			1,090.60
401K Loan 5			640.41
Net Pay	\$7,453.02		
Checking	-7,453.02		

*** Excluded from federal taxable wages**

Your federal taxable wages this period are
\$10,775.64

Other Benefits and Information	this period	total to date
G.T.L.	8.88	62.16
Pto Balance	70.30	
Employer Hsa		500.00
Er Hsa H&W		800.00
Leav W/O Pay		-1,126.80
Total Work Hrs	173.33	

Important Notes

PTO & SICK TIME BALANCES AS OF THE PREVIOUSLY
APPROVED TIMECARD

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BOOZ ALLEN HAMILTON INC
575 HERNDON PARKWAY
HERNDON VA 20170
877-927-8278

Advice number: 00000492894
Pay date: 11/30/2018

Deposited to the account of	account number	transit ABA	amount
WILLIAM J HARGENRADER	xxx8239	xxxx xxxx	\$7,453.02

THIS IS NOT A CHECK

NON-NEGOTIABLE



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BOOZ ALLEN HAMILTON INC
575 HERNDON PARKWAY
HERNDON VA 20170
877-927-8278

Period Beginning: 10/01/2018
Period Ending: 10/31/2018
Pay Date: 10/31/2018

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
PA: N/A

WILLIAM J HARGENRADER
9217B JAMISON AVE
PHILADELPHIA PA 19115

Earnings	rate	hours	this period	year to date
Regular	12394.85	173.33	12,394.85	57,601.18
Gross Pay			\$12,394.85	57,601.18

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$12,015.13

Deductions	Statutory		year to date
	Federal Income Tax	-1,754.84	7,618.43
	Social Security Tax	-745.49	3,433.32
	Medicare Tax	-174.34	802.95
	PA State Income Tax	-368.86	1,698.39
	Philadelphia Income Tax	-480.73	2,237.44
	PA SUI/SDI Tax	-7.43	34.50
	Other		
	Ad &D	-19.50	117.00
	Dental Ins	-19.98*	119.88
	Grp Accdnt Ins	-16.65*	99.90
	H Sav Act-Aetna	-33.33*	199.98
	Identity Theft	-13.95	83.70
	Life Ins	-30.16	180.96
	Pretax Med Ins	-309.76*	1,858.56
	401K Loan 1		1,627.20
	401K Loan 2		904.00
	401K Loan 3		972.84
	401K Loan 4		1,090.60
	401K Loan 5		640.41
	Net Pay	\$8,419.83	
	Checking	-8,419.83	
	Net Check	\$0.00	

Other Benefits and Information

	this period	total to date
G.T.L.	8.88	53.28
Pto Balance	56.30	
Employer Hsa		500.00
Er Hsa H&W		800.00
Leav W/O Pay		-1,126.80
Total Work Hrs	173.33	

Important Notes

PTO & SICK TIME BALANCES AS OF THE PREVIOUSLY
APPROVED TIMECARD

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BOOZ ALLEN HAMILTON INC
575 HERNDON PARKWAY
HERNDON VA 20170
877-927-8278

Advice number: 00000448389
Pay date: 10/31/2018

Deposited to the account of	account number	transit ABA	amount
WILLIAM J HARGENRADER	xxx8239	xxxx xxxx	\$8,419.83

THIS IS NOT A CHECK

NON-NEGOTIABLE



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BOOZ ALLEN HAMILTON INC
575 HERNDON PARKWAY
HERNDON VA 20170
877-927-8278

Period Beginning: 09/01/2018
Period Ending: 09/30/2018
Pay Date: 09/28/2018

Taxable Marital Status: Married
Exemptions/Allowances:
Federal: 0
PA: N/A

WILLIAM J HARGENRADER
9217B JAMISON AVE
PHILADELPHIA PA 19115

Earnings	rate	hours	this period	year to date
Regular	12394.85		6,197.43	45,206.33
Gross Pay			\$6,197.43	45,206.33

* Excluded from federal taxable wages

Your federal taxable wages this period are
\$5,817.71

Deductions	Statutory		
	Federal Income Tax	-550.86	5,863.59
	Social Security Tax	-361.25	2,687.83
	Medicare Tax	-84.49	628.61
	PA State Income Tax	-178.60	1,329.53
	Philadelphia Income Tax	-240.21	1,756.71
	PA SUI/SDI Tax	-3.70	27.07
	Other		
	Ad &D	-19.50	97.50
	Dental Ins	-19.98*	99.90
	Grp Accdnt Ins	-16.65*	83.25
	H Sav Act-Aetna	-33.33*	166.65
	Identity Theft	-13.95	69.75
	Life Ins	-30.16	150.80
	Pretax Med Ins	-309.76*	1,548.80
	401K Loan 1	-325.44	1,627.20
	401K Loan 2	-180.80	904.00
	401K Loan 3	-194.56	972.84
	401K Loan 4	-218.12	1,090.60
	401K Loan 5	-131.01	640.41
	Net Pay	\$3,285.06	
	Checking	-3,285.06	
	Net Check	\$0.00	

Other Benefits and Information

	this period	total to date
G.T.L.	8.88	44.40
Employer Hsa		500.00
Er Hsa H&W		800.00
Leav W/O Pay		-1,126.80

Important Notes

PTO & SICK TIME BALANCES AS OF THE PREVIOUSLY
APPROVED TIMECARD

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BOOZ ALLEN HAMILTON INC
575 HERNDON PARKWAY
HERNDON VA 20170
877-927-8278

Advice number: 00000398381
Pay date: 09/28/2018

Deposited to the account of	account number	transit ABA	amount
WILLIAM J HARGENRADER	xxx8239	xxxx xxxx	\$3,285.06

THIS IS NOT A CHECK

NON-NEGOTIABLE

AETNA LIFE INSURANCE COMPANY

P. O. Box 14560

Lexington, KY, 40512-4560, USA

Pay Group: Document

SOW: Boog Allen
Hamilton (STD/ASC)

Claim No.:

17579246

Earnings Begin Date: 09/10/2018

Advice#:

8371344

Earnings End Date: 09/13/2018

Advice Date:

09/14/2018

WILLIAM J HARGENRADER 9217B JAMISON AVE PHILADELPHIA, PA 19115	Employee ID:	01127994	TAX DATA:	Federal	PA State
	EOB NO.:	25902570	Marital Status:	Married	Single
	Days Paid:	4	Allowances:	2	0
			Addl. Pct.:	0	0
			Addl. Amt.:	0.00	0.00

BENEFIT INFORMATION

----- Benefits Under Your Plan -----

Benefit Salary: (amount from which benefits are calculated)

2,860.35

Benefit Percentage of Earnings Under Your Plan:

100% 2 weeks to 26 weeks

0% 0 weeks to 1 weeks

Benefit Amount:

\$2,860.35

Minimum Benefit Under Your Plan:

00.00

Maximum Benefit Under Your Plan:

*999,999.00

*Your payment may be subject to a maximum benefit as per your plan. Please see your plan for additional information

Frequency:

WEEKLY

BENEFITS BEING PAID FOR THIS PAY PERIOD**OFFSET INFORMATION**

Description	Amount	Pay Period	Description	Amount	Pay Period
Benefit Amount:	2288.28	4 days			

HOURS AND EARNINGS**TAXES**

Description	----- Current -----			----- YTD -----		Description	Current	YTD
	Rate	Hours	Earnings	Hours	Earnings			
Gross Benefit Taxable	0.00	0	2288.28	0	71508.75	Fed Withholding	295.88	9269.36
						Fed MED/EE	32.16	1006.64
						Fed OASDI/EE	137.53	4304.25
						PA Unempl EE	1.38	42.91
Total:			2288.28		71508.75	Total:	466.95	14623.16

BEFORE-TAX-DEDUCTIONS**AFTER-TAX-DEDUCTIONS****EMPLOYER PAID BENEFITS**

Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Dental Premium	3.69	109.72	AD&D Premium After-Tax	2.40	71.40			
Group Accident Plan	3.07	91.40	Spouse AD&D Premium After-Tax	1.20	35.70			
Health Spending Account	6.15	183.02	Identity Theft Ded After Tax	2.58	76.64			
Medical Premium	57.19	1701.23	Supplemental Life After-Tax	4.28	127.55			
			Supp Life Spouse After-Tax	1.28	38.08			
Total:	70.10	2085.37	Total:	11.74	349.37	*Taxable		

	Total Gross	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current:	2288.28	2218.18	466.95	81.84	1739.49
YTD:	71508.75	69423.38	14623.16	2434.74	54450.85

NET PAY DISTRIBUTION

Advice # 8371344	1739.49
Total:	1739.49

COMPANY MESSAGE: IF YOU HAVE ANY QUESTIONS CONCERNING THIS PAYMENT, PLEASE FEEL FREE TO CONTACT OUR CUSTOMER SERVICE DEPARTMENT AT (866)326-1380.

PERSONAL MESSAGE:

AETNA LIFE INSURANCE COMPANY

P. O. Box 14560

Lexington, KY, 40512-4560, USA

Pay Group: SOW-Paoo Allen
Hamilton (STD/ASC)

Claim No.: 17579246

Earnings Begin Date: 09/03/2018

Advice#: 8367108

Earnings End Date: 09/07/2018

Advice Date: 09/07/2018

WILLIAM J HARGENRADER 9217B JAMISON AVE PHILADELPHIA, PA 19115	Employee ID: 01127994 EOB NO.: 25902571 Days Paid: 5	TAX DATA: Federal PA State Marital Status: Married Single Allowances: 2 0 Addl. Pct.: 0 0 Addl. Amt.: 0.00 0.00
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BENEFIT INFORMATION

----- Benefits Under Your Plan -----

Benefit Salary: (amount from which benefits are calculated)	2,860.35
Benefit Percentage of Earnings Under Your Plan:	100% 2 weeks to 26 weeks 0% 0 weeks to 1 weeks
Benefit Amount:	\$2,860.35
Minimum Benefit Under Your Plan:	00.00
Maximum Benefit Under Your Plan:	*999,999.00
*Your payment may be subject to a maximum benefit as per your plan. Please see your plan for additional information	
Frequency:	WEEKLY

BENEFITS BEING PAID FOR THIS PAY PERIOD**OFFSET INFORMATION**

Description	Amount	Pay Period	Description	Amount	Pay Period
Benefit Amount:	2860.35	5 days			

HOURS AND EARNINGS**TAXES**

----- Current -----						----- YTD -----		
Description	Rate	Hours	Earnings	Hours	Earnings	Description	Current	YTD
Gross Benefit Taxable	0.00	0	2860.35	0	69220.47	Fed Withholding	369.85	8973.48
						Fed MED/EE	40.21	974.48
						Fed OASDI/EE	171.91	4166.72
						PA Unempl EE	1.71	41.53
Total:			2860.35		69220.47	Total:	583.68	14156.21

BEFORE-TAX-DEDUCTIONS**AFTER-TAX-DEDUCTIONS****EMPLOYER PAID BENEFITS**

Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Dental Premium	4.61	106.03	AD&D Premium After-Tax	3.00	69.00			
Group Accident Plan	3.84	88.33	Spouse AD&D Premium After-Tax	1.50	34.50			
Health Spending Account	7.69	176.87	Identity Theft Ded After Tax	3.22	74.06			
Medical Premium	71.48	1644.04	Supplemental Life After-Tax	5.36	123.27			
			Supp Life Spouse After-Tax	1.60	36.80			
Total:	87.62	2015.27	Total:	14.68	337.63	*Taxable		

Total Gross**Fed Taxable Gross****Total Taxes****Total Deductions****Net Pay**

Current:	2860.35	2772.73	583.68	102.30	2174.37
YTD:	69220.47	67205.20	14156.21	2352.90	52711.36

NET PAY DISTRIBUTION

Advice # 8367108	2174.37
Total:	2174.37

COMPANY MESSAGE: IF YOU HAVE ANY QUESTIONS CONCERNING THIS PAYMENT, PLEASE FEEL FREE TO CONTACT OUR CUSTOMER SERVICE DEPARTMENT AT (866)326-1380.

PERSONAL MESSAGE:

Pay Group: SSW - Booz Allen Hamilton (STD/ASC)	Claim No.: 17579246
Earnings Begin Date: 08/27/2018	Advice#: 8363500
Earnings End Date: 08/31/2018	Advice Date: 08/31/2018

WILLIAM J HARGENRADER 9217B JAMISON AVE PHILADELPHIA, PA 19115	Employee ID: 01127994 EOB NO.: 25902568 Days Paid: 5	TAX DATA: Federal PA State Marital Status: Married Single Allowances: 2 0 Addl. Pct.: 0 0 Addl. Amt.: 0.00 0.00
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BENEFIT INFORMATION

----- Benefits Under Your Plan -----

Benefit Salary: (amount from which benefits are calculated)	2,860.35
Benefit Percentage of Earnings Under Your Plan:	100% 2 weeks to 26 weeks 0% 0 weeks to 1 weeks
Benefit Amount:	\$2,860.35
Minimum Benefit Under Your Plan:	00.00
Maximum Benefit Under Your Plan:	*999,999.00
*Your payment may be subject to a maximum benefit as per your plan. Please see your plan for additional information	
Frequency:	WEEKLY

BENEFITS BEING PAID FOR THIS PAY PERIOD			OFFSET INFORMATION		
Description	Amount	Pay Period	----- Offsets applied to your benefit for this pay period -----		
Benefit Amount:	2860.35	5 days	Description	Amount	Pay Period

HOURS AND EARNINGS						TAXES		
Description	----- Current -----			----- YTD -----		Description	Current	YTD
	Rate	Hours	Earnings	Hours	Earnings			
Gross Benefit Taxable	0.00	0	2860.35	0	66360.12	Fed Withholding	369.85	8603.63
						Fed MED/EE	40.20	934.27
						Fed OASDI/EE	171.91	3994.81
						PA Unempl EE	1.72	39.82
Total:			2860.35		66360.12	Total:	583.68	13572.53

BEFORE-TAX-DEDUCTIONS			AFTER-TAX-DEDUCTIONS			EMPLOYER-PAID BENEFITS		
Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Dental Premium	4.61	101.42	AD&D Premium After-Tax	3.00	66.00			
Group Accident Plan	3.84	84.49	Spouse AD&D Premium After-Tax	1.50	33.00			
Health Spending Account	7.69	169.18	Identity Theft Ded After Tax	3.22	70.84			
Medical Premium	71.48	1572.56	Supplemental Life After-Tax	5.36	117.91			
			Supp Life Spouse After-Tax	1.60	35.20			
Total:	87.62	1927.65	Total:	14.68	322.95	*Taxable		
Total Gross			Fed Taxable Gross			Total Taxes		
Current:	2860.35		2772.73		583.68	Total Deductions	102.30	2174.37
YTD:	66360.12		64432.47		13572.53		2250.60	50536.99

COMPANY MESSAGE: IF YOU HAVE ANY QUESTIONS CONCERNING THIS PAYMENT, PLEASE FEEL FREE TO CONTACT OUR CUSTOMER SERVICE DEPARTMENT AT (866)326-1380. PERSONAL MESSAGE:	NET PAY DISTRIBUTION	
	Advice # 8363500	2174.37
	Total:	2174.37

AETNA LIFE INSURANCE COMPANY

P. O. Box 14560

Lexington, KY, 40512-4560, USA

Pay Group:

Document

S.W. Booz Allen
Hamilton (STD/ASC)

Claim No.:

17579246

Earnings Begin Date:

08/20/2018

Advice#:

8357995

Earnings End Date:

08/24/2018

Advice Date:

08/24/2018

WILLIAM J HARGENRADER 9217B JAMISON AVE PHILADELPHIA, PA 19115	Employee ID:	01127994	TAX DATA:	Federal	PA State
	EOB NO.:	25902567	Marital Status:	Married	Single
	Days Paid:	5	Allowances:	2	0
			Addl. Pct.:	0	0
			Addl. Amt.:	0.00	0.00

BENEFIT INFORMATION**----- Benefits Under Your Plan -----**

Benefit Salary: (amount from which benefits are calculated)

2,860.35

Benefit Percentage of Earnings Under Your Plan:

100% 2 weeks to 26 weeks

0% 0 weeks to 1 weeks

Benefit Amount:

\$2,860.35

Minimum Benefit Under Your Plan:

00.00

Maximum Benefit Under Your Plan:

*999,999.00

*Your payment may be subject to a maximum benefit as per your plan. Please see your plan for additional information

Frequency:

WEEKLY

BENEFITS BEING PAID FOR THIS PAY PERIOD**OFFSET INFORMATION**

Description	Amount	Pay Period	Description	Amount	Pay Period
Benefit Amount:	2860.35	5 days			

HOURS AND EARNINGS**TAXES**

Description	----- Current -----			----- YTD -----		Description	Current	YTD
	Rate	Hours	Earnings	Hours	Earnings			
Gross Benefit Taxable	0.00	0	2860.35	0	63499.77	Fed Withholding	369.85	8233.78
						Fed MED/EE	40.21	894.07
						Fed OASDI/EE	171.91	3822.90
						PA Unempl EE	1.72	38.10
Total:			2860.35		63499.77	Total:	583.69	12988.85

BEFORE-TAX-DEDUCTIONS**AFTER-TAX-DEDUCTIONS****EMPLOYER PAID BENEFITS**

Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Dental Premium	4.61	96.81	AD&D Premium After-Tax	3.00	63.00			
Group Accident Plan	3.84	80.65	Spouse AD&D Premium After-Tax	1.50	31.50			
Health Spending Account	7.69	161.49	Identity Theft Ded After Tax	3.22	67.62			
Medical Premium	71.48	1501.08	Supplemental Life After-Tax	5.36	112.55			
			Supp Life Spouse After-Tax	1.60	33.60			
Total:	87.62	1840.03	Total:	14.68	308.27	*Taxable		

	Total Gross	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current:	2860.35	2772.73	583.69	102.30	2174.36
YTD:	63499.77	61659.74	12988.85	2148.30	48362.62

NET PAY DISTRIBUTION

Advice # 8357995	2174.36
Total:	2174.36

COMPANY MESSAGE: IF YOU HAVE ANY QUESTIONS CONCERNING THIS PAYMENT, PLEASE FEEL FREE TO CONTACT OUR CUSTOMER SERVICE DEPARTMENT AT (866)326-1380.

PERSONAL MESSAGE:

AETNA LIFE INSURANCE COMPANY

P. O. Box 14560

Lexington, KY, 40512-4560, USA

Pay Group: Document

SOW: Rocco Allen
Hamilton (STD/ASC)

Claim No.:

17579246

Earnings Begin Date:

08/13/2018

Advice#:

8350438

Earnings End Date:

08/17/2018

Advice Date:

08/17/2018

WILLIAM J HARGENRADER 9217B JAMISON AVE PHILADELPHIA, PA 19115	Employee ID:	01127994	TAX DATA:	Federal	PA State
	EOB NO.:	25902566	Marital Status:	Married	Single
	Days Paid:	5	Allowances:	2	0
			Addl. Pct.:	0	0
			Addl. Amt.:	0.00	0.00

BENEFIT INFORMATION

----- Benefits Under Your Plan -----

Benefit Salary: (amount from which benefits are calculated)	2,860.35
Benefit Percentage of Earnings Under Your Plan:	100% 2 weeks to 26 weeks 0% 0 weeks to 1 weeks
Benefit Amount:	\$2,860.35
Minimum Benefit Under Your Plan:	00.00
Maximum Benefit Under Your Plan:	*999,999.00
*Your payment may be subject to a maximum benefit as per your plan. Please see your plan for additional information	
Frequency:	WEEKLY

BENEFITS BEING PAID FOR THIS PAY PERIOD**OFFSET INFORMATION**

Description	Amount	Pay Period	Description	Amount	Pay Period
Benefit Amount:	2860.35	5 days			

HOURS AND EARNINGS**TAXES**

Description	----- Current -----			----- YTD -----		Description	Current	YTD
	Rate	Hours	Earnings	Hours	Earnings			
Gross Benefit Taxable	0.00	0	2860.35	0	60639.42	Fed Withholding	369.85	7863.93
						Fed MED/EE	40.20	853.86
						Fed OASDI/EE	171.90	3650.99
						PA Unempl EE	1.71	36.38
Total:			2860.35		60639.42	Total:	583.66	12405.16

BEFORE-TAX-DEDUCTIONS**AFTER-TAX-DEDUCTIONS****EMPLOYER PAID BENEFITS**

Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Dental Premium	4.61	92.20	AD&D Premium After-Tax	3.00	60.00			
Group Accident Plan	3.84	76.81	Spouse AD&D Premium After-Tax	1.50	30.00			
Health Spending Account	7.69	153.80	Identity Theft Ded After Tax	3.22	64.40			
Medical Premium	71.48	1429.60	Supplemental Life After-Tax	5.36	107.19			
			Supp Life Spouse After-Tax	1.60	32.00			
Total:	87.62	1752.41	Total:	14.68	293.59	*Taxable		

	Total Gross	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current:	2860.35	2772.73	583.66	102.30	2174.39
YTD:	60639.42	58887.01	12405.16	2046.00	46188.26

NET PAY DISTRIBUTION

Advice # 8350438	2174.39
Total:	2174.39

COMPANY MESSAGE: IF YOU HAVE ANY QUESTIONS CONCERNING THIS PAYMENT, PLEASE FEEL FREE TO CONTACT OUR CUSTOMER SERVICE DEPARTMENT AT (866)326-1380.

PERSONAL MESSAGE:

AETNA LIFE INSURANCE COMPANY

P. O. Box 14560

Lexington, KY, 40512-4560, USA

Pay Group:

Document

SAW Bond Alben
Hamilton (STD/ASC)

Claim No.:

17579246

Earnings Begin Date:

08/06/2018

Advice#:

8345716

Earnings End Date:

08/10/2018

Advice Date:

08/10/2018

WILLIAM J HARGENRADER
9217B JAMISON AVE
PHILADELPHIA, PA 19115

Employee ID: 01127994
EOB NO.: 25902569
Days Paid: 5

TAX DATA:	Federal	PA State
Marital Status:	Married	Single
Allowances:	2	0
Addl. Pct.:	0	0
Addl. Amt.:	0.00	0.00

BENEFIT INFORMATION

----- Benefits Under Your Plan -----

Benefit Salary: (amount from which benefits are calculated)

2,860.35

Benefit Percentage of Earnings Under Your Plan:

100% 2 weeks to 26 weeks

0% 0 weeks to 1 weeks

Benefit Amount:

\$2,860.35

Minimum Benefit Under Your Plan:

00.00

Maximum Benefit Under Your Plan:

*999,999.00

*Your payment may be subject to a maximum benefit as per your plan. Please see your plan for additional information

Frequency:

WEEKLY

BENEFITS BEING PAID FOR THIS PAY PERIOD**OFFSET INFORMATION**

Description	Amount	Pay Period
Benefit Amount:	2860.35	5 days

----- Offsets applied to your benefit for this pay period -----

Description	Amount	Pay Period
-------------	--------	------------

HOURS AND EARNINGS**TAXES**

Description	----- Current -----			----- YTD -----	
	Rate	Hours	Earnings	Hours	Earnings
Gross Benefit Taxable	0.00	0	2860.35	0	57779.07

Description	Current	YTD
Fed Withholding	369.85	7494.08
Fed MED/EE	40.21	813.66
Fed OASDI/EE	171.91	3479.09
PA Unempl EE	1.72	34.67

Total:	2860.35	57779.07
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Total:	583.69	11821.50
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BEFORE-TAX-DEDUCTIONS**AFTER-TAX-DEDUCTIONS****EMPLOYER PAID BENEFITS**

Description	Current	YTD
Dental Premium	4.61	87.59
Group Accident Plan	3.84	72.97
Health Spending Account	7.69	146.11
Medical Premium	71.48	1358.12

Description	Current	YTD
AD&D Premium After-Tax	3.00	57.00
Spouse AD&D Premium After-Tax	1.50	28.50
Identity Theft Ded After Tax	3.22	61.18
Supplemental Life After-Tax	5.36	101.83
Supp Life Spouse After-Tax	1.60	30.40

Description	Current	YTD
-------------	---------	-----

Total:	87.62	1664.79
--------	-------	---------

Total:	14.68	278.91
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*Taxable

	Total Gross	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current:	2860.35	2772.73	583.69	102.30	2174.36
YTD:	57779.07	56114.28	11821.50	1943.70	44013.87

NET PAY DISTRIBUTION

Advice # 8345716	2174.36
Total:	2174.36

COMPANY MESSAGE: IF YOU HAVE ANY QUESTIONS CONCERNING THIS PAYMENT, PLEASE FEEL FREE TO CONTACT OUR CUSTOMER SERVICE DEPARTMENT AT (866)326-1380.

PERSONAL MESSAGE:

AETNA LIFE INSURANCE COMPANY

P. O. Box 14560

Lexington, KY, 40512-4560, USA

Pay Group:

Document

SAW, Booz Allen
Hamilton (STD/ASC)

Claim No.:

17579246

Earnings Begin Date:

08/01/2018

Advice#:

8345715

Earnings End Date:

08/03/2018

Advice Date:

08/10/2018

WILLIAM J HARGENRADER
9217B JAMISON AVE
PHILADELPHIA, PA 19115

Employee ID: 01127994
EOB NO.: 25902565
Days Paid: 3

TAX DATA:	Federal	PA State
Marital Status:	Married	Single
Allowances:	2	0
Addl. Pct.:	0	0
Addl. Amt.:	0.00	0.00

BENEFIT INFORMATION

----- Benefits Under Your Plan -----

Benefit Salary: (amount from which benefits are calculated)

2,860.35

Benefit Percentage of Earnings Under Your Plan:

100% 2 weeks to 26 weeks

0% 0 weeks to 1 weeks

Benefit Amount:

\$2,860.35

Minimum Benefit Under Your Plan:

00.00

Maximum Benefit Under Your Plan:

*999,999.00

*Your payment may be subject to a maximum benefit as per your plan. Please see your plan for additional information

Frequency:

WEEKLY

BENEFITS BEING PAID FOR THIS PAY PERIOD

OFFSET INFORMATION

Description	Amount	Pay Period
Benefit Amount:	1716.21	3 days

----- Offsets applied to your benefit for this pay period -----

Description	Amount	Pay Period
-------------	--------	------------

HOURS AND EARNINGS

TAXES

Description	Rate	Current		YTD	
		Hours	Earnings	Hours	Earnings
Gross Benefit Taxable	0.00	0	1716.21	0	57779.07

Description	Current	YTD
Fed Withholding	221.91	7494.08
Fed MED/EE	24.12	813.66
Fed OASDI/EE	103.15	3479.09
PA Unempl EE	1.03	34.67

Total: 1716.21 57779.07

Total: 350.21 11821.50

BEFORE-TAX-DEDUCTIONS

AFTER-TAX-DEDUCTIONS

EMPLOYER PAID BENEFITS

Description	Current	YTD
Dental Premium	2.77	87.59
Group Accident Plan	2.31	72.97
Health Spending Account	4.61	146.11
Medical Premium	42.89	1358.12

Description	Current	YTD
AD&D Premium After-Tax	1.80	57.00
Spouse AD&D Premium After-Tax	0.90	28.50
Identity Theft Ded After Tax	1.93	61.18
Supplemental Life After-Tax	3.21	101.83
Supp Life Spouse After-Tax	0.96	30.40

Description	Current	YTD
-------------	---------	-----

Total: 52.58 1664.79

Total: 8.80 278.91

*Taxable

	Total Gross	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current:	1716.21	1663.63	350.21	61.38	1304.62
YTD:	57779.07	56114.28	11821.50	1943.70	44013.87

NET PAY DISTRIBUTION

Advice # 8345715	1304.62
Total:	1304.62

COMPANY MESSAGE: IF YOU HAVE ANY QUESTIONS CONCERNING THIS PAYMENT, PLEASE FEEL FREE TO CONTACT OUR CUSTOMER SERVICE DEPARTMENT AT (866)326-1380.

PERSONAL MESSAGE:

AETNA LIFE INSURANCE COMPANY

P. O. Box 14560

Lexington, KY, 40512-4560, USA

Pay Group:

Document

SAW - Boopz Allen
Hamilton (STD/Asst)

Claim No.:

17579246

Earnings Begin Date:

07/30/2018

Advice#:

8341576

Earnings End Date:

07/31/2018

Advice Date:

08/03/2018

WILLIAM J HARGENRADER 9217B JAMISON AVE PHILADELPHIA, PA 19115	Employee ID: 01127994 EOB NO.: 25755426 Days Paid: 2	TAX DATA: Federal PA State Marital Status: Married Single Allowances: 2 0 Addl. Pct.: 0 0 Addl. Amt.: 0.00 0.00
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BENEFIT INFORMATION

----- Benefits Under Your Plan -----

Benefit Salary: (amount from which benefits are calculated)

2,860.35

Benefit Percentage of Earnings Under Your Plan:

100% 2 weeks to 26 weeks

0% 0 weeks to 1 weeks

Benefit Amount:

\$2,860.35

Minimum Benefit Under Your Plan:

00.00

Maximum Benefit Under Your Plan:

*999,999.00

*Your payment may be subject to a maximum benefit as per your plan. Please see your plan for additional information

Frequency:

WEEKLY

BENEFITS BEING PAID FOR THIS PAY PERIOD

OFFSET INFORMATION

Description	Amount	Pay Period	Description	Amount	Pay Period
Benefit Amount:	1144.14	2 days			

----- Offsets applied to your benefit for this pay period -----

HOURS AND EARNINGS

TAXES

Description	----- Current -----			----- YTD -----		Description	Current	YTD
	Rate	Hours	Earnings	Hours	Earnings			
Gross Benefit Taxable	0.00	0	1144.14	0	53202.51	Fed Withholding	147.94	6902.32
						Fed MED/EE	16.08	749.33
						Fed OASDI/EE	68.76	3204.03
						PA Unempl EE	0.68	31.92
Total:			1144.14		53202.51	Total:	233.46	10887.60

BEFORE-TAX-DEDUCTIONS

AFTER-TAX-DEDUCTIONS

EMPLOYER PAID BENEFITS

Description	Current	YTD	Description	Current	YTD	Description	Current	YTD
Dental Premium	1.84	80.21	AD&D Premium After-Tax	1.20	52.20			
Group Accident Plan	1.54	66.82	Spouse AD&D Premium After-Tax	0.60	26.10			
Health Spending Account	3.08	133.81	Identity Theft Ded After Tax	1.29	56.03			
Medical Premium	28.59	1243.75	Supplemental Life After-Tax	2.14	93.26			
			Supp Life Spouse After-Tax	0.64	27.84			
Total:	35.05	1524.59	Total:	5.87	255.43	*Taxable		

	Total Gross	Fed Taxable Gross	Total Taxes	Total Deductions	Net Pay
Current:	1144.14	1109.09	233.46	40.92	869.76
YTD:	53202.51	51677.92	10887.60	1780.02	40534.89

NET PAY DISTRIBUTION

Advice # 8341576	869.76
Total:	869.76

COMPANY MESSAGE: IF YOU HAVE ANY QUESTIONS CONCERNING THIS PAYMENT, PLEASE FEEL FREE TO CONTACT OUR CUSTOMER SERVICE DEPARTMENT AT (866)326-1380.

PERSONAL MESSAGE:

MONTHLY FINANCIAL REPORT OF BUSINESS OPERATIONSDebtor Name: Danicle Hargenrader

Case No: _____

Business Name: True You Solutions, LLCFor the Month & Year (1/05, etc.): January, 2019 1/19**BUSINESS INCOME:**

(1)	Actual Income from Sales & Service	\$	<u>4741</u>
(2)	Other (Specify)	\$	_____
(3)	Other (Specify)	\$	_____
(4)	Total Actual Income (1+2+3)	\$	<u>4741</u>

ACTUAL BUSINESS EXPENSE PAID

(5)	Rent/Lease	\$	_____
(6)	Utilities (Electricity, Gas, Water&Sewer)	\$	_____
(7)	Telephone	\$	_____
(8)	Insurance	\$	_____
(9)	Wages for Employees	\$	_____
(10)	Wages for Self/Owner(s)	\$	<u>0</u>
(11)	Taxes	\$	<u>1185</u>
(12)	Gas and Fuel for Business Vehicles	\$	_____
(13)	Other (Specify) <u>Advertising</u>	\$	<u>299</u>
(14)	Other (Specify) <u>operations</u>	\$	<u>1933</u>
(15)	Other (Specify) <u>office Expense</u>	\$	<u>466</u>
(16)	Total Actual Business Expenses Paid Or	\$	<u>3833</u>

(sum of 5 through 16)

(17)	Net Business Income/Loss (line 4-Line 16)	\$	<u>858</u>
(18)	Net Wages From Regular Employment-De	\$	_____
(19)	Net Wages From Regular Employment-Sp	\$	_____
(20)	Amount Carried Over From Last Month	\$	_____
(21)	Total Net Monthly Income (sum of 17 th	\$	_____

PERSONAL

(22)	Rent/Mortgage	\$	_____
(23)	Utilities (gas, electric, water, sewer, fuel)	\$	_____
(24)	Telephone	\$	_____
(25)	Food	\$	_____
(26)	Transportation (fuel, tolls, parking)	\$	_____
(27)	Other (specify)	\$	_____
(28)	Other (specify)	\$	_____
(29)	Other (specify)	\$	_____
(30)	Other (specify)	\$	_____
(31)	Other (specify)	\$	_____
(32)	Total Actual Personal Expenses Paid (22	\$	_____

NET INCOME (LOSS)

(33)	Gross Excess Income (line 21 - line 32)	\$	_____
(34)	MONTHLY CHAPTER 13 PLAN PAYMENTS	\$	_____
(35)	Net Excess Income (line 33 - line 34)	\$	_____

carry amount on line 35 to next month line 20

EXHIBIT D

MONTHLY FINANCIAL REPORT OF BUSINESS OPERATIONS

Debtor Name: Daniele Hargenvader

Case No: _____

Business Name: True You Solutions, LLC

For the Month & Year (1/03, etc.): 7/18 - 12/18

6 month summary

BUSINESS INCOME:

(1)	Actual Income from Sales & Service	\$ 14,248
(2)	Other (Specify)	\$ _____
(3)	Other (Specify)	\$ _____
(4)	Total Actual Income (1+2+3)	\$ 14,248

ACTUAL BUSINESS EXPENSE PAID

(5)	Rent/Lease	\$ _____
(6)	Utilities (Electricity, Gas, Water & Sewer)	\$ _____
(7)	Telephone	\$ _____
(8)	Insurance	\$ _____
(9)	Wages for Employees	\$ _____
(10)	Wages for Self/Owner(s)	\$ 9,250
(11)	Taxes	\$ 3,562
(12)	Gas and Fuel for Business Vehicles	\$ _____
(13)	Other (Specify) Advertising	\$ 1,080
(14)	Other (Specify) Operations	\$ 2,526
(15)	Other (Specify) Office Expense	\$ 5,120
(16)	Total Actual Business Expenses Paid Or	\$ 21,538

(sum of 5 through 16)

-7,290

(17)	Net Business Income/Loss (line 4-Line 16)	\$ -7,290
(18)	Net Wages From Regular Employment-De	\$ _____
(19)	Net Wages From Regular Employment-Spe	\$ _____
(20)	Amount Carried Over From Last Month	\$ _____
(21)	Total Net Monthly Income (sum of 17 thr	\$ _____

PERSONAL

(22)	Rent/Mortgage	\$ _____
(23)	Utilities (gas, electric, water, sewer, fuel)	\$ _____
(24)	Telephone	\$ _____
(25)	Food	\$ _____
(26)	Transportation (fuel, tolls, parking)	\$ _____
(27)	Other (specify)	\$ _____
(28)	Other (specify)	\$ _____
(29)	Other (specify)	\$ _____
(30)	Other (specify)	\$ _____
(31)	Other (specify)	\$ _____
(32)	Total Actual Personal Expenses Paid (22	\$ _____

NET INCOME (LOSS)

(33)	Gross Excess Income (line 21 - line 32)	\$ _____
(34)	MONTHLY CHAPTER 13 PLAN PAYMENT	\$ _____
(35)	Net Excess Income (line 33 - line 34)	\$ _____

carry amount on line 35 to next month line 20

EXHIBIT D

MONTHLY FINANCIAL REPORT OF BUSINESS OPERATIONS

Debtor Name: Daniele Hargenrader
 Case No.: _____
 Business Name: True You Solutions, LLC
 For the Month & Year (1/03, etc.): 12/18

BUSINESS INCOME:

(1) Actual Income from Sales & Service \$ 1,559
 (2) Other (Specify) \$ _____
 (3) Other (Specify) \$ _____
 (4) Total Actual Income (1+2+3) \$ 1,559

ACTUAL BUSINESS EXPENSE PAID

(5) Rent/Lease \$ _____
 (6) Utilities (Electricity, Gas, Water & Sewer) \$ _____
 (7) Telephone \$ _____
 (8) Insurance \$ _____
 (9) Wages for Employees \$ _____
 (10) Wages for Self/Owner(s) \$ 1,000
 (11) Taxes \$ 390
 (12) Gas and Fuel for Business Vehicles \$ _____
 (13) Other (Specify) Advertising \$ 175
 (14) Other (Specify) operations \$ 288
 (15) Other (Specify) office Expense \$ 325
 (16) Total Actual Business Expenses Paid On \$ 2,178
 (sum of 5 through 16)

(17) Net Business Income/Loss (line 4-Line 16) \$ -619
 (18) Net Wages From Regular Employment-De \$ _____
 (19) Net Wages From Regular Employment-Sp \$ _____
 (20) Amount Carried Over From Last Month \$ _____
 (21) Total Net Monthly Income (sum of 17 thr \$ _____)

PERSONAL

(22) Rent/Mortgage \$ _____
 (23) Utilities (gas, electric, water, sewer, fuel) \$ _____
 (24) Telephone \$ _____
 (25) Food \$ _____
 (26) Transportation (fuel, tolls, parking) \$ _____
 (27) Other (specify) \$ _____
 (28) Other (specify) \$ _____
 (29) Other (specify) \$ _____
 (30) Other (specify) \$ _____
 (31) Other (specify) \$ _____
 (32) Total Actual Personal Expenses Paid (21 \$ _____)

NET INCOME (LOSS)

(33) Gross Excess Income (line 21 - line 32) \$ _____
 (34) MONTHLY CHAPTER 13 PLAN PAYMENTS \$ _____
 (35) Net Excess Income (line 33 - line 34) \$ _____
 carry amount on line 35 to next month line 20

EXHIBIT D

MONTHLY FINANCIAL REPORT OF BUSINESS OPERATIONSDebtor Name: Daniele Hargenrader

Case No: _____

Business Name: True You Solutions LLCFor the Month & Year (1/03, etc.): 11/18**BUSINESS INCOME:**

(1) Actual Income from Sales & Service \$ 3,403
 (2) Other (Specify) \$ _____
 (3) Other (Specify) \$ _____
 (4) Total Actual Income (1+2+3) \$ 3,403

ACTUAL BUSINESS EXPENSE PAID

(5) Rent/Lease \$ _____
 (6) Utilities (Electricity, Gas, Water & Sewer) \$ _____
 (7) Telephone \$ _____
 (8) Insurance \$ _____
 (9) Wages for Employees \$ _____
 (10) Wages for Self/Owner(s) \$ 800
 (11) Taxes \$ 851
 (12) Gas and Fuel for Business Vehicles \$ _____
 (13) Other (Specify) Advertising \$ 150
 (14) Other (Specify) Operations \$ 478
 (15) Other (Specify) Office Expense \$ 738
 (16) Total Actual Business Expenses Paid On \$ _____
 (sum of 5 through 16)

(17) Net Business Income/Loss (line 4-Line 16) \$ 386
 (18) Net Wages From Regular Employment-De \$ _____
 (19) Net Wages From Regular Employment-Sp \$ _____
 (20) Amount Carried Over From Last Month \$ _____
 (21) Total Net Monthly Income (sum of 17 thr \$ _____)

PERSONAL

(22) Rent/Mortgage \$ _____
 (23) Utilities (gas, electric, water, sewer, fuel) \$ _____
 (24) Telephone \$ _____
 (25) Food \$ _____
 (26) Transportation (fuel, tolls, parking) \$ _____
 (27) Other (specify) \$ _____
 (28) Other (specify) \$ _____
 (29) Other (specify) \$ _____
 (30) Other (specify) \$ _____
 (31) Other (specify) \$ _____
 (32) Total Actual Personal Expenses Paid (22) \$ _____

NET INCOME (LOSS)

(33) Gross Excess Income (line 21 - line 32) \$ _____
 (34) MONTHLY CHAPTER 13 PLAN PAYMENTS \$ _____
 (35) Net Excess Income (line 33 - line 34) \$ _____
 carry amount on line 35 to next month line 20

EXHIBIT D

MONTHLY FINANCIAL REPORT OF BUSINESS OPERATIONS

Debtor Name: Danielle Hargenrader
 Case No.: _____
 Business Name: True You Solutions, LLC
 For the Month & Year (1/01, etc.): 10/18

BUSINESS INCOME:

(1) Actual Income from Sales & Service \$ 3,318
 (2) Other (Specify) \$ _____
 (3) Other (Specify) \$ _____
 (4) Total Actual Income (1+2+3) \$ 3,318

ACTUAL BUSINESS EXPENSE PAID

(5) Rent/Lease \$ _____
 (6) Utilities (Electricity, Gas, Water & Sewer) \$ _____
 (7) Telephone \$ _____
 (8) Insurance \$ _____
 (9) Wages for Employees \$ _____
 (10) Wages for Self/Owner(s) \$ 0
 (11) Taxes \$ 830
 (12) Gas and Fuel for Business Vehicles \$ _____
 (13) Other (Specify) Advertising \$ 250
 (14) Other (Specify) Operations \$ 467
 (15) Other (Specify) Office Expense \$ 821
 (16) Total Actual Business Expenses Paid Or \$ 2,368
 (sum of 5 through 16)

(17) Net Business Income/Loss (line 4 - line 16) \$ 951
 (18) Net Wages From Regular Employment-De \$ _____
 (19) Net Wages From Regular Employment-Sp \$ _____
 (20) Amount Carried Over From Last Month \$ _____
 (21) Total Net Monthly Income (sum of 17 thr \$ _____)

PERSONAL

(22) Rent/Mortgage \$ _____
 (23) Utilities (gas, electric, water, sewer, fuel) \$ _____
 (24) Telephone \$ _____
 (25) Food \$ _____
 (26) Transportation (fuel, tolls, parking) \$ _____
 (27) Other (specify) \$ _____
 (28) Other (specify) \$ _____
 (29) Other (specify) \$ _____
 (30) Other (specify) \$ _____
 (31) Other (specify) \$ _____
 (32) Total Actual Personal Expenses Paid (22 \$ _____)

NET INCOME (LOSS)

(33) Gross Excess Income (line 21 - line 32) \$ _____
 (34) MONTHLY CHAPTER 13 PLAN PAYMENTS \$ _____
 (35) Net Excess Income (line 33 - line 34) \$ _____
 carry amount on line 35 to next month line 20

EXHIBIT D

MONTHLY FINANCIAL REPORT OF BUSINESS OPERATIONS

Debtor Name: Daniele Hargenrader
 Case No: _____
 Business Name: True You Solutions, LLC
 For the Month & Year (1/03, etc.): 9/18

BUSINESS INCOME:

(1) Actual Income from Sales & Service \$ 1,128
 (2) Other (Specify) \$ _____
 (3) Other (Specify) \$ _____
 (4) Total Actual Income (1+2+3) \$ 1,128

ACTUAL BUSINESS EXPENSE PAID

(5) Rent/Lease \$ _____
 (6) Utilities (Electricity, Gas, Water/Sewer) \$ _____
 (7) Telephone \$ _____
 (8) Insurance \$ _____
 (9) Wages for Employees \$ 0.00
 (10) Wages for Self/Owner(s) \$ 3,100
 (11) Taxes \$ 272
 (12) Gas and Fuel for Business Vehicles \$ _____
 (13) Other (Specify) Advertising \$ 180
 (14) Other (Specify) Operations \$ 400
 (15) Other (Specify) Office Expense \$ 690
 (16) Total Actual Business Expenses Paid Or \$ 4,652
 (sum of 5 through 15)

(17) Net Business Income/Loss (line 4-Line 16) \$ -3,524
 (18) Net Wages From Regular Employment-De \$ _____
 (19) Net Wages From Regular Employment-Sp \$ _____
 (20) Amount Carried Over From Last Month \$ _____
 (21) Total Net Monthly Income (sum of 17 thr \$ _____)

PERSONAL

(22) Rent/Mortgage \$ _____
 (23) Utilities (gas, electric, water, sewer, fuel) \$ _____
 (24) Telephone \$ _____
 (25) Food \$ _____
 (26) Transportation (fuel, tolls, parking) \$ _____
 (27) Other (specify) \$ _____
 (28) Other (specify) \$ _____
 (29) Other (specify) \$ _____
 (30) Other (specify) \$ _____
 (31) Other (specify) \$ _____
 (32) Total Actual Personal Expenses Paid (21 \$ _____)

NET INCOME (LOSS)

(33) Gross Excess Income (line 21 - line 32) \$ _____
 (34) MONTHLY CHAPTER 13 PLAN PAYMENTS \$ _____
 (35) Net Excess Income (line 33 - line 34) \$ _____
 carry amount on line 35 to next month line 20

EXHIBIT D

MONTHLY FINANCIAL REPORT OF BUSINESS OPERATIONS

Debtor Name: Daniele Hargenrader
Case No: _____
Business Name: True You Solutions, LLC
For the Month & Year (1/03, etc.): 8/18

BUSINESS INCOME:

(1) Actual Income from Sales & Service \$ 3,711
 (2) Other (Specify) \$ _____
 (3) Other (Specify) \$ _____
 (4) Total Actual Income (1+2+3) \$ 3,711

ACTUAL BUSINESS EXPENSE PAID

(5) Rent/Lease \$ _____
 (6) Utilities (Electricity, Gas, Water & Sewer) \$ _____
 (7) Telephone \$ _____
 (8) Insurance \$ _____
 (9) Wages for Employees \$ _____
 (10) Wages for Self/Owner(s) \$ 1,000
 (11) Taxes \$ 928
 (12) Gas and Fuel for Business Vehicles \$ _____
 (13) Other (Specify) Advertising \$ 150
 (14) Other (Specify) Operations \$ 500
 (15) Other (Specify) Office Expense \$ 2,071
 (16) Total Actual Business Expenses Paid Or \$ 4,649
 (sum of 5 through 16)

(17) Net Business Income/Loss (line 4 - line 16) \$ -938
 (18) Net Wages From Regular Employment-De \$ _____
 (19) Net Wages From Regular Employment-Sp \$ _____
 (20) Amount Carried Over From Last Month \$ _____
 (21) Total Net Monthly Income (sum of 17 thr \$ _____)

PERSONAL

(22) Rent/Mortgage \$ _____
 (23) Utilities (gas, electric, water, sewer, fuel) \$ _____
 (24) Telephone \$ _____
 (25) Food \$ _____
 (26) Transportation (fuel, tolls, parking) \$ _____
 (27) Other (Specify) \$ _____
 (28) Other (Specify) \$ _____
 (29) Other (Specify) \$ _____
 (30) Other (Specify) \$ _____
 (31) Other (Specify) \$ _____
 (32) Total Actual Personal Expenses Paid (22 \$ _____)

NET INCOME (LOSS)

(33) Gross Excess Income (line 21 - line 32) \$ _____
 (34) MONTHLY CHAPTER 13 PLAN PAYMENTS \$ _____
 (35) Net Excess Income (line 33 - line 34) \$ _____
 carry amount on line 35 to next month line 20

EXHIBIT D